

# Abstract Submission for ESPGHAN Update 2012

## *Inflammatory Bowel Disease*

ESPGHAN12-1045

### **SAFETY AND COST OF INFLIXIMAB FOR THE TREATMENT OF BELGIAN PEDIATRIC PATIENTS WITH CROHN'S DISEASE.**

E. De Greef<sup>1,\*</sup>, I. Hoffman<sup>2</sup>, G. D'haens<sup>3</sup>, S. Van Biervliet<sup>4</sup>, F. Smets<sup>5</sup>, M. Scaillon<sup>6</sup>, O. Dewit<sup>7</sup>, H. Peeters<sup>8</sup>, I. Paquot<sup>9</sup>, P. Alliet<sup>10</sup>, W. Arts<sup>11</sup>, B. Hauser<sup>1</sup>, S. Vermeire<sup>12</sup>, A. Van Gossum<sup>13</sup>, J.-F. Rahier<sup>14</sup>, I. Etienne<sup>15</sup>, E. Louis<sup>16</sup>, J. C. Coche<sup>17</sup>, J. J. Mahachie<sup>18</sup>, K. Van Steen<sup>18</sup>, G. Veereman<sup>1</sup> and Bird and Besspghan

<sup>1</sup>Pediatric Gastroenterology, UZ BRUSSELS, Brussels, <sup>2</sup>Pediatric Gastroenterology, UZ Gasthuisberg, Leuven, <sup>3</sup>Gastroenterology, Imelda Hospital, Bonheiden, <sup>4</sup>Pediatric Gastroenterology, UZ Gent, Gent, <sup>5</sup>Pediatric Gastroenterology, UCL St Luc, <sup>6</sup>Pediatric Gastroenterology, Hôpital des enfants reine Fabiola, <sup>7</sup>Gastroenterology, UCL St Luc, Brussels, <sup>8</sup>Gastroenterology, UZ Gent, Gent, <sup>9</sup>Pediatric Gastroenterology, CHC clinique de l'espérance, Liège, <sup>10</sup>Pediatric Gastroenterology, Jessa Hospital, Hasselt, <sup>11</sup>Pediatric Gastroenterology, ZOL Genk, Genk, <sup>12</sup>Gastroenterology, UZ Gasthuisberg, Leuven, <sup>13</sup>Gastroenterology, ULB Erasme Hospital, Brussels, <sup>14</sup>Gastroenterology, UCL Mont Godinne, Mont Godinne, <sup>15</sup>Pediatric Gastroenterology, CHR la Citadelle, <sup>16</sup>Gastroenterology, ULG Hospital, Liège, <sup>17</sup>Gastroenterology, Clinique St Pierre, Ottignies, <sup>18</sup>Systems and Modelling Unit, Montefiore Institute, ULG, Liège, Belgium

**Please select your preferred presentation type:** Oral or Poster

**Has this abstract previously been presented or published?:** No

**Objectives and Study:** Biologicals have become an important component in the treatment of Crohn's disease in children. Their increased and long term use raises safety concerns.

To describe safety and cost of infliximab in a Belgian cohort of pediatric Crohn's disease patients.

**Methods:** All patients on infliximab as part of the present or past treatment for Crohn's Disease until January 1st 2011 were selected from an existing database. Information on disease phenotype, medication and adverse events were extracted.

**Results:** Adverse events occurred in 25.9% of patients exposed to infliximab of which 29.6% were severe. In total 31.7 % of patients stopped infliximab therapy. The main reasons for discontinuation were adverse events in 45.4% and loss of response in 30.3%. No malignancies or lethal complications occurred over this 241 patient year observation period. Immunomodulators were concomitant medication in 75.9% of patients and were discontinued subsequently in 35.4% of them. The cost of infliximab infusions per treated patient per year in the Belgian health care setting is approximately 9 474 euro, including only medication and hospital related costs.

**Conclusion:** Even though infliximab is relatively safe in pediatric CD on the short term, close follow-up and an increased awareness of the possible adverse reactions is highly recommended. Adverse reactions appeared in 25.9% of all patients and were the main reason for discontinuation. Treatment cost has to be balanced against efficacy and modifications in disease course. In the Belgian health care system, the medication is available to all patients with moderate to severe CD.

**Disclosure of Interest:** None Declared